

FINANCIAL STATUS REPORT

(BUREAU FORM)



1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT: TO WHOM REPORT IS SUBMITTED		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		OMB APPROVAL PLA NUMBER		PAGE OF	
US Department of Labor - ETA		222-06				1 of 1	
3. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE)							
STATE OF ALASKA, DEPARTMENT OF LABOR P.O. BOX 21149 JUNEAU, ALASKA 99802-1149							
4. EMPLOYER IDENTIFICATION NUMBER		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER		6. FINAL REPORT		7. BASIS	
92-6001185		PR 50891 FMS # 222-06		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CASH <input type="checkbox"/> ACCRUAL <input checked="" type="checkbox"/>	
8. FUNDING/GRANT PERIOD		9. PERIOD COVERED BY THIS REPORT					
FROM: (MONTH, DAY, YEAR)		FROM: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)	
July 1, 2006		September 30, 2008		April 1, 2007		June 30, 2007	
10. TRANSACTIONS:							
				I PREV. REPORTED		II THIS PERIOD	
						III CUMULATIVE	
A. TOTAL OUTLAYS				2,018,765.03		1,771,614.01	
						3,790,379.04	
B. RECIPIENT SHARE OF OUTLAYS				0.00		0.00	
						0.00	
C. FEDERAL SHARE OF OUTLAYS				2,018,765.03		1,771,614.01	
						3,790,379.04	
D. TOTAL UNLIQUIDATED OBLIGATIONS						2,359,115.57	
						0.00	
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS						2,359,115.57	
						6,149,494.61	
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS						6,530,832.00	
						381,337.39	
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)							
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD							
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)							
11. INDIRECT EXPENSE		A. TYPE OF RATE		B. RATE		C. BASE	
		PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input type="checkbox"/> FIXED <input checked="" type="checkbox"/>		4.5%		189,641.30	
		D. TOTAL AMOUNT		8533.86		E. FEDERAL SHARE	
						8533.86	
12. REMARKS: ATTACH ANY EXPLANATIONS DEEMED NECESSARY OR INFORMATION REQUIRED BY FEDERAL SPONSORING AGENCY IN COMPLIANCE WITH GOVERNING LEGISLATION.							
13. CERTIFICATION: I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS CORRECT AND COMPLETE AND THAT ALL OUTLAYS AND UNLIQUIDATED OBLIGATIONS ARE FOR THE PURPOSE SET FORTH IN THE AWARD DOCUMENTS							
TYPED OR PRINTED NAME AND TITLE				TELEPHONE (AREA CODE, NUMBER AND EXTENSION)			
Michael Weaver, Accountant III				(907)465-8577			
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL				DATE REPORT SUBMITTED			
<i>John Riley for</i>				07/27/07			